

May 04, 2004 08:00
Secretary of Stat**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000055328

1. Entity Name
OLIVEROS FLORIST, INC.Principal Place of Business
2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086Mailing Address
2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3329361Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent**SMITH, EVA J
796 KINGS ESTATE ROAD
ST AUGUSTINE, FL 32086**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to FeesU00000154837
05/05/04-80014-009 158.75**10. OFFICERS AND DIRECTORS**TITLE PD
NAME SMITH, THOMAS L
STREET ADDRESS 796 KINGS ESTATE ROAD
CITY-ST-ZIP ST. AUGUSTINE, FL 32086TITLE VSTD
NAME SMITH, EVA J
STREET ADDRESS 796 KINGS ESTATE ROAD
CITY-ST-ZIP ST. AUGUSTINE, FL 32086TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

904-797-3000

Date

Daytime Phone #